

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015390

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 43

FILED APR 25 1963

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Clinton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Cameron</b>		c. CITY OR TOWN <b>Cameron</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>909 W. 3rd</b>		d. STREET ADDRESS (If outside, give location) <b>909 W. 3rd</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Dondi Sge Helms</b>		4. DATE OF DEATH Month <b>April</b> Day <b>17</b> Year <b>1963</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr. 30 1963</b>
10a. USUAL OCCUPATION (Give kind of work done during month of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) Months <b>6</b> Days <b>18</b>
11a. FATHER'S NAME <b>Kelley Helms</b>		11b. MOTHER'S MAIDEN NAME <b>Carolyn McVicker</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>No.</b>		16. SOCIAL SECURITY NO. <b>Chlorene McVicker Cameron Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory Failure</b> DUE TO (b) <b>Congenital Defects of Heart, Fed Since Birth</b> DUE TO (c) <b>Undiagnosed Chromosome Deficiency</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY: Hour <b>10:23</b> a.m. Month, Day, Year <b>4-17-63</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>10-23-62</b> to <b>4-17-63</b> and last saw him alive on <b>4-17-63</b> Death occurred at <b>10:23 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Signature or title) <b>B. L. Compton D.O.</b>	
22b. ADDRESS <b>Cameron, Mo.</b>		22c. DATE SIGNED <b>4-18-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>April 19 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Memory Gardens</b>		23d. LOCATION (City, town, or county) (State) <b>Cameron, Mo.</b>	
24. FUNERAL DIRECTOR <b>Poland Funeral Home, Cameron, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mo. 4-20-63</b>	
26. REGISTRAR'S SIGNATURE <b>Francis D. Crawford</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 30Q  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lawrence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Camden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.